# Annual Evaluation Fiscal Year 2003

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### Goals

1. In a sample similar to the FY2003 CAMHD population...

2. Describe CAMHD Population, Services, & Outcomes during a 3-year period, and...

3. Identify factors related to key findings.

# Population Findings

1. Population Size

2. Geographic Region

3. Race and Ethnicity

4. Predictors of Retention

# CAMHD Population FY 2001 – FY 2003

#### 48% Overall Decrease

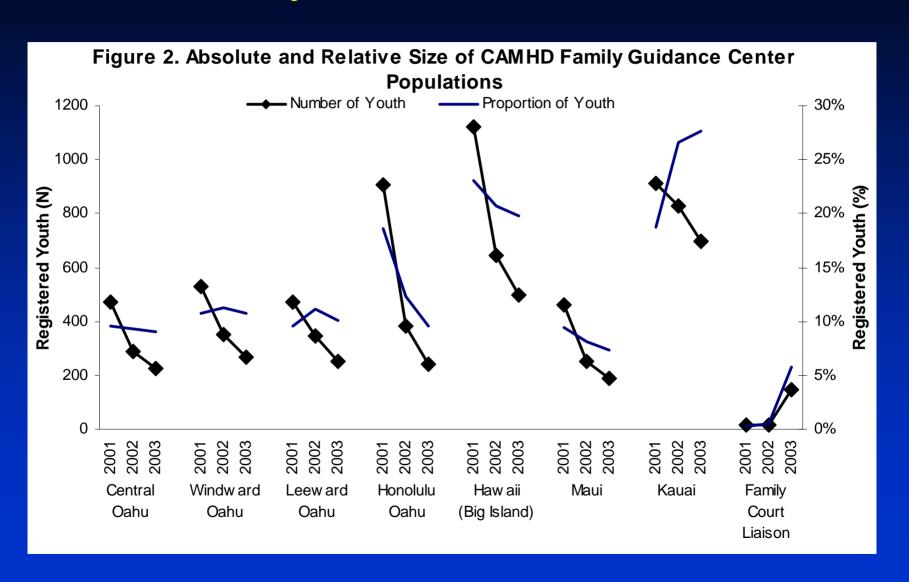
FY 2001: 4,878 Youth

FY 2002: 3,111 Youth

FY 2003: 2,525 Youth

Total Registered Count excluding DOE transfers & Pervasive Developmental Disorder

# Family Guidance Centers



## CAMHD & County Census

Table 2: Percent of youth aged 3 - 21 years by county registered with CAMHD.

	Percent of 2000 Census Population		
County	2001	2002	2003
Hawaii (BI)	2.73	1.57	1.22
Honolulu	1.06	0.61	0.44
Kauai	5.74	5.21	4.39
Maui	1.38	0.76	0.56
State	1.55	0.99	0.80

# Ethnicity

Figure 1. CAMHD Ethnic Groups Compared to U. S. Census 2000 for Hawaii Children Under 18 Years of Age - U. S. Census Registered Youth (%) 40 35 Registered Youth (%) 30 25 20 15 10 5 2002 2003 2001 2002 2003 2001 2002 2003 2001 2002 2003 2001 2002 2003 2001 2002 2003 2001 2002 2003 Black or American Asian Hispanic Native White Multiethnic African-Indian or Haw aiian or Alaska Latino or Other American **Native** Pac. Island.

## What Predicted Retention?

Table 3. Summary of factors discriminating year-to-year registration changes.

	Termination of Registration	
Replicated	Case Management Only	
	No DHS Involvement	
	Older Age in Years	
	Only One Primary Diagnosis	
	Single Ethnic Group Reported	
2001- 2002 Only	Not Hawaiian or Pacific Islander	
•	Not White	
	No Court Involvement	
	Not Incarcerated During Year	
	Not Registered to Kauai FGC	
	Honolulu Oahu FGC Registration	
	Not Registered to Leeward Oahu FGC	
	Not Primary Disruptive Behavior Disorder	
	Not Primary Anxiety Disorder Diagnosis	
2002- 2003 Only	Not Primary Attentional Disorder	
	Primary Substance-Related Disorder	

Note: \* Was not statistically significant when Bonferroni corrected in 2002 – 2003 analysis.

# Service Findings

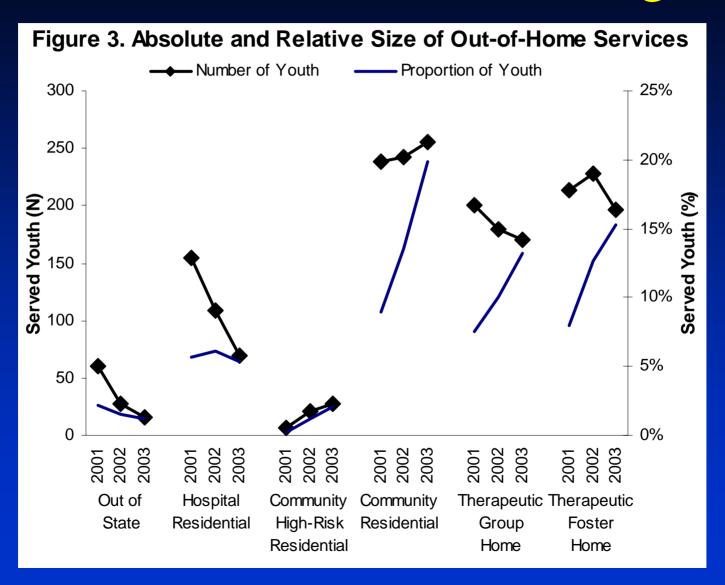
1. Out-of-Home Service Trends

2. In-Home Service Trends

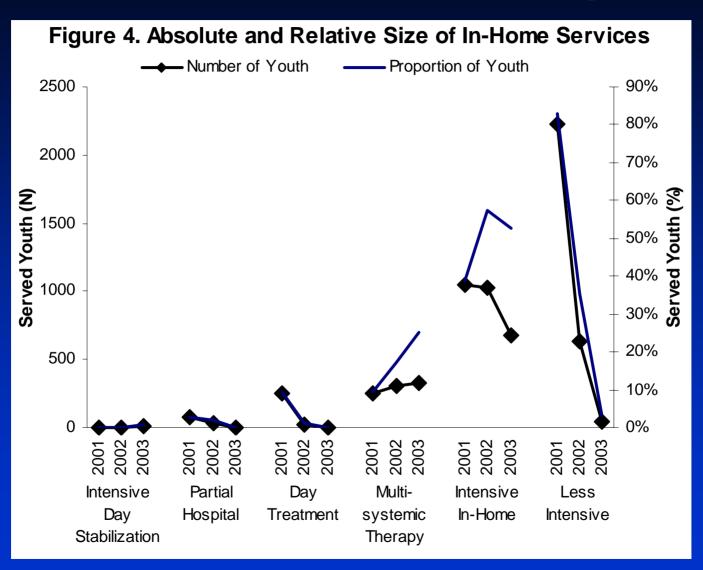
3. Predictors of Service Procurement

4. Predictors of Out-of-Home Placement

## Out-of-Home Service Changes



# In-Home Service Changes



### What Predicted Service Procurement?

Table 6. Summary of factors discriminating procurement of any service.

More Likely to Have Services Procured

Unanimous Findings

Black or African-American Ethnicity
Multiple Ethnicity
Native Hawaiian or Pacific Islander
White Ethnicity

Court Involvement
DHS Involvement
Incarcerated/Detained During Year

Central Oahu FGC Registration Leeward Oahu FGC Registration Not Registered to Kauai FGC Windward Oahu FGC Registration

Any Comorbid Diagnosis Primary Disruptive Behavior Disorder Primary Mood Disorder

Replicated Findings

Hawaii (Big Island) FGC Registration

## What Predicted Placement?

Table 7. Summary of factors discriminating procurement of out-of-home services.

	More Likely to Be		
	Placed Out-of-Home		
Unanimous	Older Age in Years		
Findings			

Multiple Ethnicity
Native Hawaiian or Pacific Islander
White Ethnicity

Court Involvement
DHS Involvement
Incarcerated/Detained During Year

Hawaii (Big Island) FGC Registration Leeward Oahu FGC Registration Not Registered to Kauai FGC

Any Comorbid Diagnosis Not Primary Attentional Disorder Primary Disruptive Behavior Disorder Primary Substance-Related Disorder

Replicated
Findings

Primary Mood Disorder

# Outcome Findings

1. Child Status: CAFAS and CALOCUS

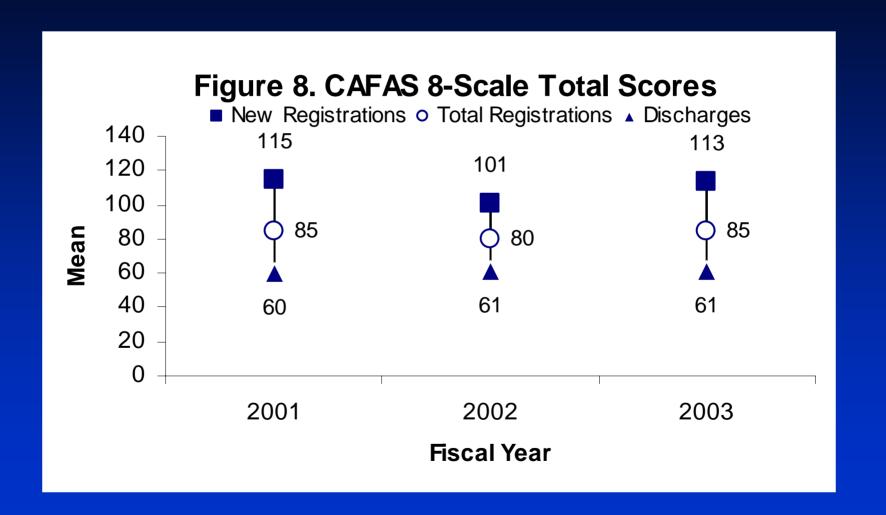
2. Reliable Change: CAFAS and CALOCUS

3. Predictors of Improved Functioning

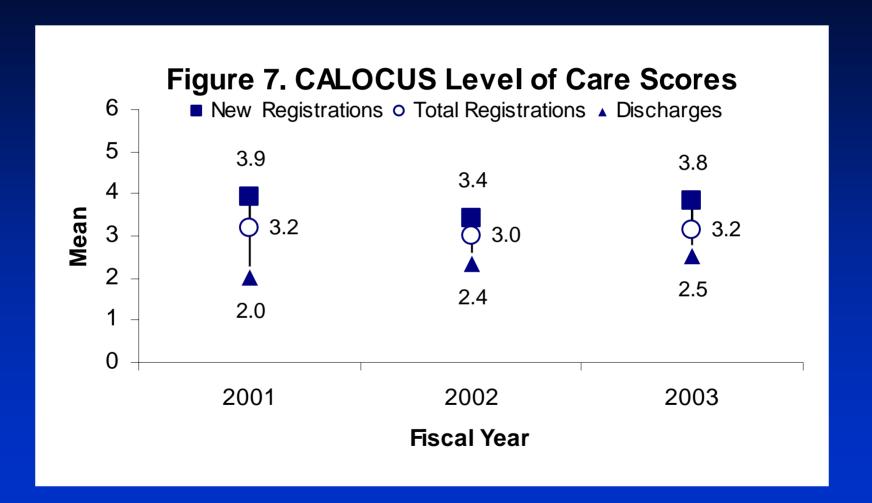
4. Predictors of Reduced Service Needs

5. Episode Length & Discharge Survival

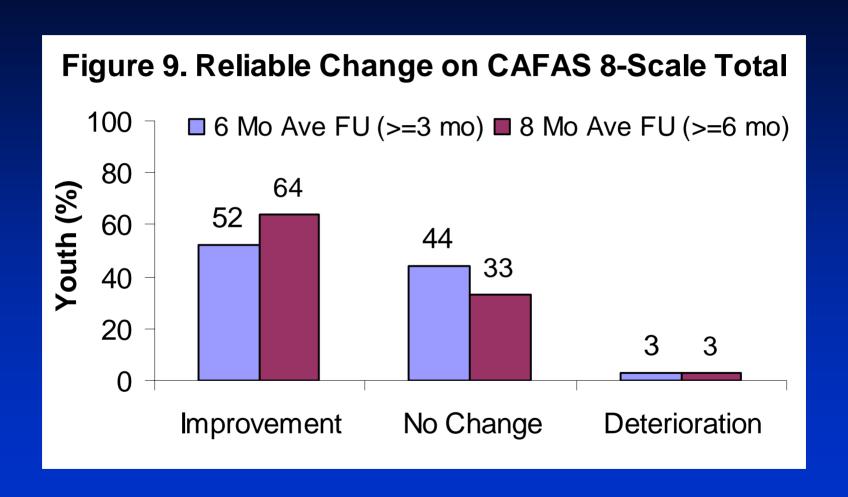
## Child Status: CAFAS



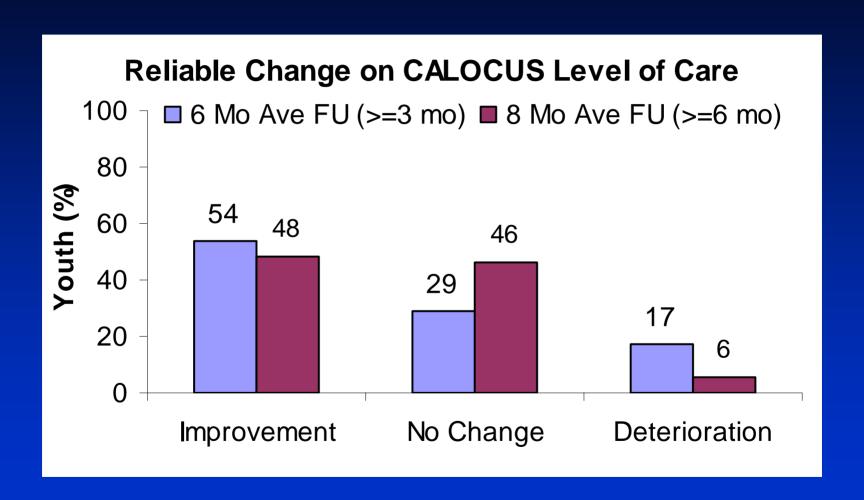
## Child Status: CALOCUS



## Reliable Change: CAFAS



## Reliable Change: CALOCUS



## What Predicted Improved Functioning?

Table 11. Summary of factors discriminating reliable improvement in child functioning.

More Likely to Experience Reliable Improvement in Functioning

Older Age

Court Involvement

Not Registered to Central Oahu FGC

Primary Mood Disorder Primary Substance-Related Disorder Not Primary Disruptive Behavior Disorder

> Hospital Residential Therapeutic Group Home Multisystemic Therapy

#### What Predicted Reduced Service Needs?

Table 12. Summary of factors discriminating reliable improvement in service needs.

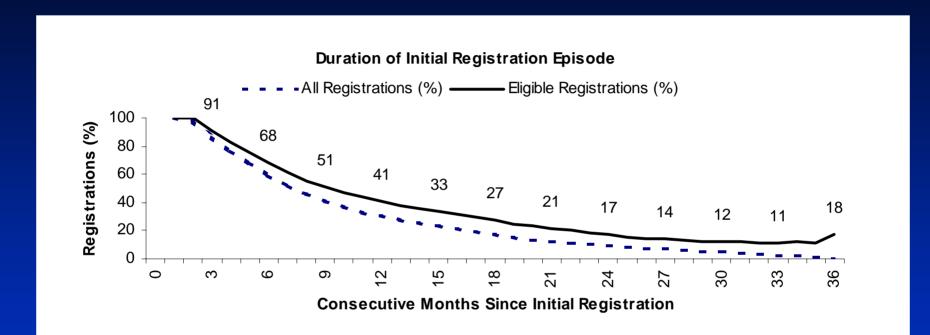
More Likely to Experience Reliable Improvement in Service Needs

Registered to Honolulu Oahu FGC
Registered to Maui FGC
Not Registered to Central Oahu FGC
Not Registered to Windward Oahu FGC

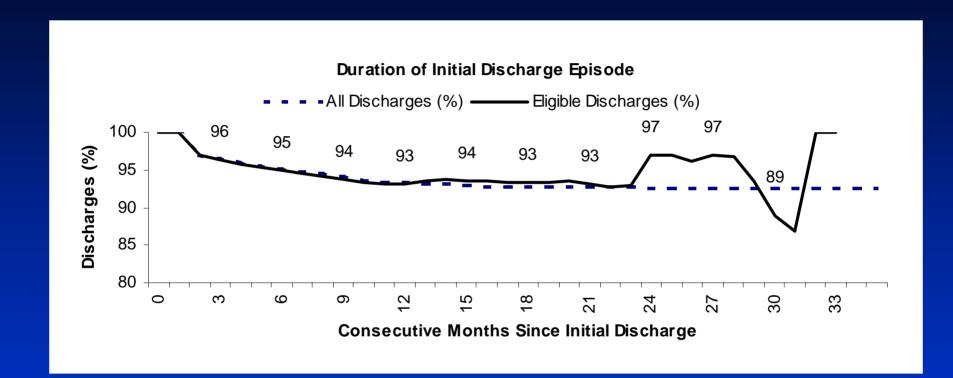
Primary Substance-Related Disorder Not Primary Disruptive Behavior Disorder

Not Hospital Residential Not Intensive In-Home Services

## First Registration Episode Length



## Post-Discharge Survival



#### 1. Smaller Population.

CAMHD registered youth population declined by approximately 46% from fiscal year 2001 to fiscal year 2003. This decline was evident after accounting for major structural changes to the system.

2. Changing Population.

Differed in...

Younger Age

**More Multiethnic** 

**More White** 

More Native Hawaiian or Other Pacific Islander

**More Comorbid Diagnoses** 

**More Interagency Involvement** 

**Greater Service Intensity** 

**More Out-of-Home Services** 

Similar in...

Gender

**Child Functioning** 

Service Needs

**Overall Service Rates** 

**Discharge Rates** 

**Child Status Improvements** 

3. Services Adjusted.

Youth received more services per year that were more likely to be out-of-home services received for shorter durations at any specific placement, except for therapeutic foster home.

#### 4. Placement Predictors.

Youth were more likely to receive out-of-home services if they were older, multiethnic, White, or Native Hawaiian or Pacific Islander, involved with other child serving agencies, registered at Hawaii or Leeward Oahu, or suffering from comorbid diagnoses, disruptive behavior disorders, substance-related disorders, or mood disorders, but not attentional disorders.

#### 5. Results for Youth.

The CAMHD service system effectively helped the majority of its youth to experience improved functioning and decreased service needs that prepared them for successful management in outpatient services within a 9 to 18 month service episode.

#### 6. Child Improvement Predictors.

Hospital residential, therapeutic group home, and multisystemic therapy services were settings most associated with reliable improvements in functioning, whereas intensive in-home services were associated with maintaining stability.

Youth with mood or substance-related disorders were more likely to show child status improvements and youth with disruptive behavior were less likely to show improvements.

#### 7. Competing Efficiencies.

Service efficiencies were gained in the overall cost per hour of service, but these gains were offset by increases in the number of service hours provided per youth and resulted in higher average expenditures per youth. The system appears to have adjusted service intensity to maintain the historical level of treatment gains.